

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

* 02-272
Christopher L. Robbins
Wiley Rein & Fielding
1776 K Street, N.W.
Washington, DC 20006

2. Article Number (Copy from service label)

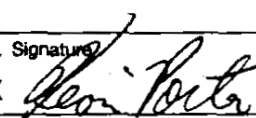
0023 0771 5840

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

X



SEP 13

☐ Agent
☐ Addressee

 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

DOCKET NO. 02-272

CERTIFIED

MAIL

RETURN

RECEIPT

REQUESTED

NAME: Christopher

 1776 K Street, N.W.
 Washington, DC 20006

ORDER DATED

9-4-02

 FCC 02-246
 MIMEOGRAPH NO.

RECEIVED & INSPECTED

 SEP 12 2002
 FCC-MAILROOM

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage \$

.83

Certified Fee

2.30

Return Receipt Fee
(Endorsement Required)

1.25

Restricted Delivery Fee
(Endorsement Required)

0.00

Total Postage & Fees \$

4.88

Name (Please Print Clearly) (to be completed by mailer)

Christopher L. Robbins

Street, Apt. No., or P.O. Box No.

1776 K Street, N.W.

City, State, ZIP+4

Washington, D.C. 20006

PS Form 3800, July 1999

See Reverse for Instructions

7000 0600 0023 0771 5840

